



Iowa Organic Certification Program

Organic Livestock and Poultry Questionnaire/Farm Management Plan

Applicant(s) _____ Date _____

City _____ County where farm is located _____

Phone _____ Fax _____

E-Mail _____ Certification No. _____

Affirmation

I affirm that all statements made in this application are true and correct. I agree to pay all applicable fees and follow Organic Program regulations. I agree to cooperate fully with an organic inspector representing the Iowa Department of Agriculture and Land Stewardship (IDALS) for the purpose of conducting a scheduled inspection of my organic operation. I understand that the operation may be subject to unannounced inspection. If any significant changes are planned prior to the next annual inspection, I will inform the Organic Agriculture Bureau at the IDALS.

Signatures(s) of Operator(s) _____ Date _____

Identify animals for which **organic (O)** certification is being requested, **transitional stock** (dairy only) (**T**), **noncertifiable** breeding stock (**NC**), and **conventional (C)** (*Go to pages 4 and 5 to complete information regarding poultry.*) : _____ Not applicable

<u>Dairy Animals</u> In Production (I) Not in Production (N)	Total # O	Total # T (Dairy Only)	Total # NC	Total # C	Herd Total
Cows	I N	I N			
Other dairy (Identify)	I N	I N			
<u>Other Livestock</u>					
Beef					
Swine					
Sheep					
Other Species (Identify)					

Dairy _____ Not Applicable

How many animals do you currently milk? _____ Organic _____ Transitional _____ Conventional

How many animals do you wish to certify? _____

What type of milk handling system do you use? (Check all that apply)

_____ pipeline _____ step saver _____ bucket milkers _____ hand milking
 _____ bulk tank _____ milk cans _____ parlor _____ tie stalls
 _____ stanchions _____ other

How is your dairy licensed? _____ Grade A _____ Grade B

Describe your cleaning cycle for milking equipment (water temperature, number of rinses, etc.):

Name of detergent used:

Name of acid cleaner used:

Name of sanitizer used:

List products used to clean or sanitize udders: _____ none used

Teat dips:

Udder washes:

Submit labels for all products used.

How often do you change inflations?

Report production for the past six milkings:

Date	Pounds Produced	Date	Pounds Produced
1.		4.	
2.		5.	
3.		6.	

If you have organic and non-organic dairy animals in production describe how you segregate the herds and their milk. _____ Not Applicable

Poultry Flock Information _____ Not Applicable

Complete the following information for certification of organic poultry.

Poultry type	# currently on farm	# for which organic certification is being requested this year
Chickens		
Turkeys		
Other (Please list)		
Total projected # of birds for which certification is being requested this year:		

Flock Identification

Explain your bird identification system and how it allows each bird to be traced back to its origin.

Complete the following chart regarding your poultry operation:

Type of Bird(s)	Identification Number	Age of Bird(s)	Date of Purchase*	Projected Slaughter/Start of Egg Production Date (Indicate Slaughter/Egg Production)

*Provide the name and address of the seller, and identify the certifier if purchased birds were certified organic.

Replacement Stock

Do you raise your own chicks/replacement poultry on-farm? _____ Yes _____ No

If you purchase chicks, at what day of life do you begin organic management? _____

Do you purchase chicks/replacement poultry that are more than one day old? _____ Yes _____ No

If the entire flock is treated with prohibited materials, what changes do you make to ensure that this flock is not sold as organic?

Describe your management plan for raising chicks (heating, space allowed, etc.)

If you raise both organic and conventional poultry in your operation, indicate how you segregate the types of poultry and how you prevent the contamination of your organic poultry with conventional inputs.

Emergency Feed Plans

Describe your plan for obtaining appropriate livestock feed in the event organic feed is in short supply.

Organic Feed Storage Describe your feed storage locations. _____ Not applicable

Storage unit & Location	Type of Feed Stored	Type of Storage	Capacity	Pest Control Methods Used, if any

Conventional Feed Storage

Are conventional livestock on your farm fed conventional grain? _____ Yes _____ No

If yes, complete the following:

Type of Grain	Source	Storage Location

What measures are taken to ensure that conventional grain is not fed to organic livestock.

Are any of your conventional livestock treated with products that contain substances prohibited in organic livestock production? If so, identify the inputs and indicate how contamination of organic livestock is prevented.

_____ Not Applicable

Medication or other Feed Input	Species to which it is given	Segregation Measures	Administered by (Self/Veterinarian/Other)

Pasture Management

Do you graze your animals in a pasture, or pastures? _____ Yes _____ No If yes, indicate the location(s) of the pastures on your farm map and complete the following.

Describe your livestock grazing practices (e.g. grazing in pasture borders, grazing in crop buffers, rotational grazing, permanent pasture or other practices).

What inputs have been applied to your pasture in the past three years? Attach another sheet if necessary. Submit product labels for all purchased inputs.

Pasture #, # of acres	Input applied	Date applied	Rate applied	Label submitted?	Reason for application	Will apply this year? Yes/No

Water

What are your sources of water for livestock or poultry use?

_____ on-site well _____ municipal water _____ river/creek/pond

_____ other (specify) _____

What is the date of your last water test for coliform bacteria and nitrates? _____

Please attach a copy of the report if the test has been within the past year.

If you use additives in the water, list them and state your reason for using them. _____ none used

Describe any water contamination problems in your area of the state. _____ no known contamination problems

Livestock/Poultry Living Conditions

Provide the following information as it applies to your operation.

Attach a drawing/map of your farm indicating the locations of all livestock facilities and identifying them with the appropriate building number or other identification system. Also indicate pasture and other outdoor areas, and buffer areas around pastures as required to prevent contamination of organic livestock or poultry.

[illegible]

List sanitation or cleaning products used, and describe how they are used. Submit labels for all products used.

What outdoor areas, other than pastures, do animals use?

Health Care

Identify the general components of your animal health management program: (check all that apply)

<input type="checkbox"/> breed selection*	<input type="checkbox"/> selective breeding*	<input type="checkbox"/> raise own replacement stock
<input type="checkbox"/> culling	<input type="checkbox"/> isolation of purchased/diseased animals	
<input type="checkbox"/> vaccinations	<input type="checkbox"/> good sanitation	<input type="checkbox"/> access to outdoors
<input type="checkbox"/> dry bedding	<input type="checkbox"/> good ventilation in housing	
<input type="checkbox"/> good quality feed	<input type="checkbox"/> pasture rotation	<input type="checkbox"/> probiotics
<input type="checkbox"/> nutritional supplements	<input type="checkbox"/> other (specify) _____	

* Describe the breeding practices you use.

List all products used, or intended for use, for the prevention of, or treatment for, animal health related problems including vaccinations, probiotics, antibiotics, parasiticides, hormones or other products for all animals or birds for which certification is requested. (Make additional copies of this page if needed.) ☐ none used

Show your animal health care log to your organic inspector. Submit labels for all products used.

Animal Type	Prevention/Management Practice used	Product Used	Label Submitted?	Reason(s) for Use	Source of Product

Name, phone #, and address of your veterinarian: _____

Pest Control Indicate pests with which you have problems, if any: ☐ not a problem

☐ hawks ☐ feral cats ☐ raccoons/skunks, etc. ☐ dogs ☐ foxes ☐ coyotes
☐ flies ☐ rodents ☐ other (specify) _____

Submit labels for all products used.

Pest Control Problem	Mechanical Controls used	Products Used	Label Submitted?	Location Where used	Date(s) Used

Slaughter

Name, address, and phone # of the facility/facilities where your animals are slaughtered:

Contact person: _____

Is the facility certified organic? ____ Yes ____ No If yes, by what certifier? _____

How are animals transported to the slaughter facility?

How are animals loaded for transport?

Do you use electric prods? ____ Yes ____ No How many birds are loaded per cage? _____

How long does transportation take? _____

Are animals provided with food in transit? ____ Yes ____ No Water? ____ Yes ____ No

Where are animals kept after delivery to slaughter facility, but before slaughter? _____

How many hours from loading time until slaughter time? _____

Are organic animals kept separate from conventionally raised animals? ____ Yes ____ No

Iowa law allows poultry producers to slaughter up to 1,000 birds per year on their farm for direct sale to consumers. If you slaughter more than 1,000 birds, or sell birds for other than individual household use, they must be slaughtered in a state or federally inspected facility. On-farm slaughter of other livestock is prohibited except for that which is to be consumed by your own family. For more information about Iowa slaughter regulations contact the IDALS Meat & Poultry Bureau at 515-281-5597.

If you slaughter your poultry, describe your slaughter and processing procedures on a separate sheet and submit.
____ not applicable

Egg Handling and Packing _____ not applicable

Are the eggs from your poultry operation intended only for home use? ____ Yes ____ No

Do you sell eggs directly to the consumer? ____ Yes ____ No

Do you sell eggs to a retailer such as a grocery store, or for other commercial use, such as restaurants or local institutions? ____ Yes * ____ No

Do you have an Iowa egg handler's license? ____ Yes ____ No

(You are not required by Iowa law to have this license if the eggs you sell are for home use or sold directly to the consumer. Eggs sold for resale or for institutional use must be handled by a state-licensed facility. For more information about the Iowa Egg Handler's License contact the Iowa Department of Inspections and Appeals at 515-281-6538.)

Do you sell eggs to a wholesale distributor? ____ Yes ____ No

If yes, provide the name, address, contact person and phone # of the wholesale distributor.

*If you have an Iowa egg handler's license and sell eggs for retail sale or institutional use, you may also need to be certified as an organic food processor/handler. Contact the IDALS and request the appropriate application materials for this certification.

Record Keeping System - Check here _____ if you provided this information on your Organic Crops Questionnaire/Farm Management Plan for this year. You need not complete this information more than once each year.

Indicate on the list below the records that you maintain regarding your organic production.

- | | |
|---|--|
| _____ field maps and field activity logs | _____ livestock feed ingredients/rations |
| _____ documentation of organic seedlings | _____ animal health records |
| _____ compost production records | _____ herd/flock identification information |
| _____ monitoring records (soil or water tests, etc.) | _____ livestock breeding/replacement records |
| _____ labor records | _____ dairy production records |
| _____ sales records | _____ clean transport records |
| _____ equipment cleaning records | _____ audit control summary |
| _____ harvest records | _____ livestock slaughter records |
| _____ storage records showing | _____ complaint log |
| _____ documentation of previous land use for rented and/or newly purchased land | |
| _____ input records for soil amendments, seeds, manure, foliar sprays and pest control products (keep all labels) | |
| _____ documentation of attempts to source organic seeds and/or planting stock | |
| _____ other (specify) _____ | |

Please have records indicated above available during your annual inspection.

- Which of the following records do you keep for conventional production? _____ Not applicable
- | | | |
|--|---|-----------------------|
| _____ field maps | _____ field history sheets | _____ input records |
| _____ harvest records | _____ labor records | _____ storage records |
| _____ sales records (crop or livestock) | _____ shipping records (crop or livestock) | |
| _____ animal health records | _____ dairy production records | |
| _____ feed ingredients/rations | _____ herd/flock identification information | |
| _____ livestock breeding/replacement records | _____ livestock slaughter records | |
| _____ other (specify) _____ | | |

How long do you maintain records pertaining to organic production? _____

Who is responsible for maintaining such records?

- _____ self
- _____ other family member (specify whom) _____
- _____ an employee (specify whom) _____
- _____ other (specify whom) _____

Where are the records maintained?

On site:

- | | |
|-------------------|---|
| _____ home office | _____ designated file cabinet or other storage unit |
| _____ computer | _____ other (specify) _____ |

Off site:

Provide the location, and the name of the business, if applicable, where the records are maintained.